



PERMISSION TO ADMINISTER OTC MEDICATIONS (Over-the-Counter)

Child's name: _____ Date of Birth: _____

Allergies: _____

Weight: _____

I give the School Nurse permission to administer the following as needed, as directed by age/weight and manufacturer-recommended dosing.

Acetaminophen (Tylenol): Yes No

Ibuprofen (Motrin) Yes No

Benadryl: Yes No

Throat Lozenges* : Yes No

Calamine Lotion: Yes No

Bactine antiseptic cleansing spray: Yes No

Burn Spray (lidocaine Hcl 2%): Yes No

Epi-Pen or Epi-Pen Jr.**: Yes No

* Throat lozenges are only given to students in Lower Elementary and older.

** The OTC Epi-Pen is available for emergency use when an individual experiences a life-threatening reaction to an unknown allergen or trigger. This Epi-Pen can only be administered by the School Nurse at her discretion, and it will be followed by a call to 911 and immediate transport to a medical facility.

STATE LAW requires a signed consent by the parent or guardian to give any of these medications.

Signed: _____ Date: _____

Print name: _____

The Nurse's Office cannot administer any of the medications listed without written permission from a parent or guardian. If any other over-the-counter medications (such as cold and flu medications) are needed, then a physician's order is required. Please contact the School Nurse with any questions.

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